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#FO2273287

INVESTIGATOR'S LOG

SUPERVISOR'S REPORT ON USE OF FORCE

INVESTIGATIVE SUMMARY

TRANSCRIBED INTERVIEWS

- IAB #1 interview of Deputy Ryan Morejon
- IAB #2 interview of Deputy Ryan Morejon
- IAB#1 interview of Deputy Michael Rathbun
- IAB#2 interview of Deputy Michael Rathbun
- IAB interview of Sergeant John Sagardia
- IRC's Sergeant Kurtis Ebbinga's interview of Witness Inmate [REDACTED]
- IRC Watch Commander interview of Suspect Stanley Bell
- IAB interview #1 of Suspect/Inmate Stanley Bell
- IAB interview #2 of Suspect/Inmate Stanley Bell

EXHIBITS

- A - Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Ryan Morejon.
- B - Sketch of scene as depicted by Deputy Ryan Morejon.
- C - Copy of Deputy Ryan Morejon's Training Records.
- D - Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Michael Rathbun.
- E - Sketch of scene as depicted by Deputy Michael Rathbun.
- F - Copy of Deputy Michael Rathbun's Training Records.
- G - Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Sergeant John Sagardia.
- H - Sketch of scene as depicted by Sergeant John Sagardia.
- I - Copy of Inmate Information for Suspect/Inmate Stanley Bell.
- J - Copy of CCHRS/CII for Suspect/Inmate Stanley Bell.
- K - Copy of Inmate Injury report for Suspect/Inmate Stanley Bell.
- L - DVD containing interview of Suspect/Inmate Stanley Bell.
- M - DVD containing interview of potential witnesses.

MISCELLANEOUS DOCUMENTS

- PM Shift In-service dated 08/31/10
- Signed Admonition Forms for: Deputies Morejon and Rathbun, and Sergeant Sagardia.

Los Angeles County Sheriff's Department

Supervisor's Report on Use of Force

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Incident Information									
URN: 5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6					Date: 8/31/11		Time: 2110 hours		
Location:		450 Bauchet Street			City or Station:		Los Angeles		
Bureau/Station/Facility:		Correctional Services Division / IRC			Admin. Investigation:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Type of Force:		Significant (Take-down, personal weapons, and O.C. Spray) - Fractured Jaw							
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Suspect Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
<input type="checkbox"/> Call		<input checked="" type="checkbox"/> Observation		<input type="checkbox"/> Detail		<input type="checkbox"/> Foot Pursuit		<input type="checkbox"/> Vehicle Pursuit	
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lt. Stefanie Fredericks			Emp: [REDACTED]		IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
Involved Employee									
E 1	Employee # [REDACTED]		Last Name: Morejon		First Name: Ryan		Middle Name: M.		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H		Unit of Assignment: IRC		Work Assignment (Unit #, Module, etc.): Booking Front		
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 5' 10"		Weight: 230
	<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: _____			Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E 2	Employee # [REDACTED]		Last Name: Rathbun		First Name: Michael		Middle Name: C.		
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W		Unit of Assignment: IRC		Work Assignment (Unit #, Module, etc.): Booking Front		
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 5' 10"		Weight: 170
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: _____			Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input checked="" type="checkbox"/>	
E	Employee # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]		
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: [REDACTED]		Unit of Assignment: [REDACTED]		Work Assignment (Unit #, Module, etc.): [REDACTED]		
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: [REDACTED]		Weight: [REDACTED]
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: _____			Coroner Case #		Directed Force <input type="checkbox"/> Significant Force <input type="checkbox"/>	
Additional Involved Employees									
On Duty Supervisor									
Emp. # [REDACTED]		Last Name: Sagardia		First Name: John		Middle Name: R.		Rank Sgt. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Present YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> Witness to Incident YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Emp. # [REDACTED]		Last Name: Ebbinga		First Name: Kurtis		Middle Name: H.		Rank Sgt. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Present YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> Witness to Incident YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Watch Sergeant									
Emp. # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]			
Watch Commander									
Emp. # [REDACTED]		Last Name: Liberton		First Name: Patrick		Middle Name: L.			

Patrick L. Liberton	Watch Commander's Signature: [REDACTED]	Emp #:	Date
Dinah L. Grote	Emp #:	Copy Provided to Employee by:	Emp #:
Supervisor Completing Form: (Print Name) Chuck Antuna	Unit Commander's Signature:	Emp #:	Date
<div style="border: 1px solid black; padding: 2px;"> DISCOVERY Use Only FO# 2273287 </div>			

Supervisor's Report on Use of Force
EMPLOYEE / NON-EMPLOYEE INFORMATION
512 - 02010 - 0831 - 106

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Employee Witnesses

Emp. #	Last Name	First Name	Middle Name
	Sagardia	John	R.
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

Non-Employee Witnesses

Last Name	First Name	Middle Name	Age	D.O.B.
			40	
Street Address		City	Zip Code	Work Ph. Home Ph.
Former Inmate - Booking #				
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

☐ Additional Witness

Supervisor's Report on Use of Force SUSPECT INFORMATION

5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6

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Suspect Information									
S 1	Last Name		Bell		First Name		Stanley		Middle Name
	AKA Last Name		Bishop		First Name		Christian		Middle Name Blair
	Sex:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race:	B	Street Address:		City:		State & Zip Code:
	Work Phone:		Home Phone:		Age:	26	Height:	5' 11"	D.O.B.
								07/06/84	Weight:
								210	Armed?
	Booking #:	2458901		Primary Charge Code:		Secondary Charge Code:		Criminal History	
	EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____								
	Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At: LAC-USC Medical Center Coroner Case #: _____ Mental History <input type="checkbox"/>								
	By Doctor: Dr. Sporty Address: 1200 North State Street, Los Angeles Phone #: (213) 226-6118								
	Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance: _____ Mental Illness <input type="checkbox"/>								
Suspect Interview									
	Date:	08/31/10	Time:	2306	<input checked="" type="checkbox"/> Audiotape:	<input checked="" type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	
S _	Last Name				First Name				Middle Name
	AKA Last Name				First Name				Middle Name
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:
	Work Phone:		Home Phone:		Age:		Height:		D.O.B.
									Weight:
									Armed?
	Booking #:			Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>	
	EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____								
	Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>								
	By Doctor: _____ Address: _____ Phone #: _____								
	Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>								
Suspect Interview									
	Date:		Time:		<input type="checkbox"/> Audiotape:	<input type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	
S _	Last Name				First Name				Middle Name
	AKA Last Name				First Name				Middle Name
	Sex:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Race:		Street Address:		City:		State & Zip Code:
	Work Phone:		Home Phone:		Age:		Height:		D.O.B.
									Weight:
									Armed?
	Booking #:			Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>	
	EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____								
	Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>								
	By Doctor: _____ Address: _____ Phone #: _____								
	Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>								
Suspect Interview									
	Date:		Time:		<input type="checkbox"/> Audiotape:	<input type="checkbox"/> Videotape:	<input type="checkbox"/> Photos of Injuries:	<input type="checkbox"/> ADMITS HEARING ANNOUNCEMENTS	

☐ Additional Suspects Involved

5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6